If more blanks are needed, address State Registrar, 242x N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUBBAUV	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) colour o (Month) (Dev) (Year) BINDING 5a. if married, widowed, or divorced HUSBAND of 22. CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) 7. AGE properl Years Months Days If LESS then to have occurred on the dete stated above, at FOR I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 or min. Data of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this that occupation __ instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14, BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_____ Was there an eutopsy?_//-O MOTHER 15. MAIDEN NAME important in 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: car Accident, suicide, or homicide?______ Date of injury______ 19__ DEATH 16. BIRTHPLACE (city or town) (Stete or country, Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT. 5343 OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Nature of injury 24. Was disease or injuty in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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JAN 5 1663	l e		
Other contributory causes of importance:	14	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY WITH UNFADING INK-THIS IS A PERM ENT RECORD	SEvery item of information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classification of OCCUPATION is very important.
111	to be
PERM	chould tit may
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11 1	ull pla
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W	CIAN:

	PLACE OF DEATH	STATE OF MARYLAND 67
ne	us 0 00 .00	Registration Dist. No. 250
	2FULL NAME Wm. J. Hru.	St.: Ward) (If death occurred a hospital or instition, give les NAME stend of street a number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale Colored Strate, MARRIED, Vellery Colored (Write the word)	16 DATE OF DEATH Dec. 6, 1924 (Month) (Day) (Year)
6 DAT	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from. 2 1927. to U.S. 6, 1927. that I last saw home alive on Least 1927.
7 AGE		and that death occurred on the date stated above, at 11.3.95. The CAUSE OF DEATH * was as follows:
(L) (
busir whice	General nature of industry mess, or establishment in chemployed or (employer) THPLACE State or country) Manylend .	(Durstion) yrs. mos 14 Contributory Secondary (Durstion) yrs. mos.
busin whice 9 BIRT (S	ness, or establishment in ch employed or (employer)	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Signed) (Signed) (Address)
busin whice 9 BIRT (S	THPLACE State or country) O NAME OF FATHER OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OCHAPTER OF MOTHER OF MOTHER	Contributory Secondary (Duration) (Signed). (Signed). (Signed). (Duration) (M. M.
busin whice 9 BIRT (S	THPLACE State or country) D NAME OF FATHER BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 3 BIRTHPLACE OF MOTHER (State or Country) 4 BABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, atata (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Bospitals, Institutions, Irusients or Recent Residents) At place
busin whice 9 BIRT (S	THPLACE State or country) O NAME OF FATHER BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER (State or Country) 3 BIRTHPLACE OF MOTHER (State or Country) 3 COUNTY (State or Country) 4 COUNTY (State or Country)	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, atata (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Irui ients or Recent Residents) At place of death yra mos ds. Where was disease contracted, it not at place of death? Former or

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, feritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping can be ascertained as the cause. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. valvular The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF AFATH Registration Dist. No. 252 pinous item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. statement SICIAN (a) Residence No. CORD. (I leval place of aborte) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. EBY CERTIFY. That I attended deceased from (or) WIFE of death le eaid B 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months If LESS than Yeers Davs stated The PRINCIPAL CAUSE OF DEATH and related causes of importence min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. pe pe Jo OCCUPAT may back 9. Industry or business in which work was done, as SILK MILL. pluods SAW MILL, BANK, etc ... 1. Total time (years) 10. Date deceased last worked at this occupation (month end spant in this that occupation __ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town MARGIN (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town). Neme of operation. plain (State or country) efully What test confirmed diagnosis? _____ Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: II important car Accident, sulcide, or homicide? Date of injury 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods (Address) OF Menner of Injury WRITE CAUSE mation LION 24. Was disease or injury In any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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BURRAU V. A			
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Gallstones	May 1,1923	Gastroenteritis	1 year

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state UPA.	1. PLACE OF DEATH	93-e 12670
CC	County // ween ann.	Registration Dist. No. 252
shou of 0	Village of the green and (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS ent	Length of residence city or town where death occurredyrsnos.	ds. Now long in U.S. if of foreign birth?
CIAN	2. FULL NAME Mary Jame Ja	cobs
HYSICI t stater	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7.7	Female While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lee 19 1934 (Yest)
A C T I	5a. If marriad, widowad, or divorced HUSBAND OF (or) WIFE of TELLER Jacobs	22. HEREBY CERTIFY, That I attended decaasad from
E X cls ate.	6. DATE OF BIRTH (month, day, and year) June 25, 1852	I last saw her eliva on Hee 19 , 1934, death is said
stated E properly certhficate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
be of	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Endrandetei ?
may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date dacesed last worked at this occupation (month and	
GE sl hat it 18 on	11. Total time (years) this occupation (month and year)	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) DOUSEN A CONTROL (Stete or country)	Other Contributory Canses of importanca: Output Other Contributory Canses of importanca:
	# 13. NAME Jolen Taylor	Vyrouve p Growenies ,
sul in t	14. BIRTHPLACE (city or town)	Name of operation Data of
13	m 7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What tast confirmed diagnosis?
be careful EATH in p important.	16. BIRTHPLACE (city or town) (State or country)	25.19 death was due to external causes (VIOL ENCE) fill in also the following: Cocident, suicide, or homicide?
ld be can DEATH y import	17. INFORMANTINS Herburt Staton	Where did injury occur?(Specify city or town, county and State) Spacify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
should E OF D is very	(Address) 18. BURIAL, CREMATION, OR REMOVAL Solly Comments.	Menner of injury
	Placa Q Multigrand Self 5,193 (Neture of injury
mation s CAUSE TION is	19. UNOERTAKER . Vilgilator Caraca. (Addrass)	24. Was diseasa or injury In any way related to occupation of decaased?
C	20. FILEO Dec. 21, 1934 Mamie & Bright.	(Signed Hawson) Lagrange M.D. (Addrass) Hawker Purp
-	A	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat
1915	Attack of epilepsy	1 week ago
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z }		
Greens	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5;1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important.

	ND—CERTIFICATE OF DEATH 1267
1. PLACE OF DEATH County Queen Queen	Registration Dist. No. 252
Village or City Sees S. Jarvs Length of residence in city or town where deeth occurredyrs	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WID OR DIVORCEDA write th	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22, I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	3 4
O A 1 d 1 day,	SS than to have occurred on the data stated above, atn. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Still Born
work was dona, as SILK MILL, SAW MILL, BANK, etc)
this occupation (month and spent in this occupation) 12. BERTHPLACE (city or town) (State or country)	Other Contributory Causes of importanca:
13. NAME Paren Jacobs 14. BIRTHPLACE (city or town) 15. (State or country)	
(State of country)	Name of operation Date of Whet test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Man Torse Lunder 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the fotlowing: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMDVAL Place 2. Starr Date Dre 16	Manner of injury
19. UNDERTAKER Parey Jacobe (father) 20. FILED Occ. 16 , 1934 ITTamin S. Break	24. Was disease or injury in eny wey releted to occupetion of deceesed? If sa, specify (Signed) (Address) M. D Address

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
,AN 5 150)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12672
1. PLACE OF DEATH	(N-E)
County Meey Mues	Registration Dist. No. 253
Village or City (Mesley	NoSt.,Ward
Length of residence In city or fown where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S.If of foreign birth?yrsmosds.
	us.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OB DIVORCED ("write the word) Male 4. COLOR OR RACE OB DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of lufenous	22. HEREBY CERTIFY, that attended deceased from
6. DATE OF BIRTH (month, day, and year) Million	flast saw h. in alive on wee 231924 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at I - Que.m.
1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profassion, or particular	were as follows: Oate of onset
o kind of work done, as SPINNER Lysles XIII EKE	1 Kitostinal hilliana
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacassad last worked at this occupation (month and	followed be periposed
SAW MILL, BANK, atc	
O 10. Date daceasad last worked at this occupation (month and year) year)	
Exather MAD Look	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
44	
E Thub	Niera de caralles
14. BIRTHPLACE (city or town) COLONIA (State or country) 1	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME MARNOWN	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME MARIOUN 16. BIRTHPLACE (city or town) MURIOUM (State of County) MURIOUM	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANE ALLEGAME Masky (Address) (Address)	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, PROMOTION, DR REMOVAL	Manner of injury
Place Ugally Date EC 15, 1936	- Nature of injury
19. UNDERTAKEN C. Shownas (Address) Lasther movillo	24. Was disease or injury in any way related to occupation of daceased?
20. FILED DEUZS, 1934 F. Coloquas. Registrar.	(Signad) MO Ongle M. (Address) Dlescu Milvilled
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 5 ;			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	484 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	92:00
	ould OCC	County Acelle Nelle	Registration Dist. No. 25
65	9 2 1	Village or City leliellh. Hell	ND. St., War
		Langth of residence in city or town where death occurredyrs.?mss.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrs
	Every CIANS ement	2. FULL NAME Chorles X Xoles	cfole
		(a) Residence: No. Coloure of, It del bus	Cst. Ward.
	FHYS act sta	(Usual place of abode)	If nonresident give city or town and State
U	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rh	7	3.88% 4. E9LOR OR RACE OR DIFFORCE (purite the word)	21. DATE OF DEATH DER 3/ (Day) (Year)
BINDING	MANEN A C T I assified.	5a. If married, widowed or divorced HUSBAND of (or) WIFE of HINGHARDS STANSON	22. I HEREBY CERTIFY Thet I attended deceased fro
Z	EX2	6. DATE OF BIRTH (month day and year long V2)	Plast saw h Mu alive on Dee 3/1, 1934; death is sa
H ~	V 2	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebook et 4- Pm.
FOF	IS A I stated properl	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
_	be s be p of ce	8. Trada, profession, or particulal kind of work dona, as SP/NNER, SAWYER, BODKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nunal account on my
VEL	K-T] hould may back	Mindustry or business in which work was done, as SILK MILL, SAW MILL, BÄNK, etc.	
RESER	Sho sho it m on b	O 10. Data deceased last worked at 11. Totel time (years)	
E	T	this occupation month end 1234 spant in this 5 044	Other Contributory Causes of importance:
MARGIN I	So so ucti	12. BIRTHPLACE (crty or sown) 12 9 15 0 000	There were the there will be the state of th
RG	UNFA supplied n terms, ee instru	II 13. NAME LO me Lollas Ole	7/
MA	e t E	13. NAME ON THE LONG OF THE LO	Neme of operation
	lly sla	(State of confinity)	What test confirmed diagnosis CM CM Was there an eu'opsy
	carefully H in pla	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. Charles (Charles of Charles)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	car car I'H	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
	IAINLY, W. ld be careful DEATH in I	17. INFORMANT Clestor Loterosa.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
7	E PLA should OF D	(Address) Plike Hel	apells
1)	E 0 10 00	18. BURIAL, CREMATION, OR REMOVAL Place A Removal Date Jan. 3. 19.95	Manner of injury
	-WRITE mation s	7/2 d/ Q/	Nature of Injury
0.1	CA	19. UNDERTAKER TAM . A STATE THE CALL CALL CALL CALL CALL CALL CALL CAL	24. Was disease or isjury in any way related to occupation of deceased?
Zi on	m (T)	Jan 2 84 7th du de	(Signed) Covil on Harden
>	Z	2D. FILED JUN 2,19 J. C. W. C. H W. Regiskar.	(Address) Clille Of Bull Step
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1935	July 5,1927	Peritonitis	3 days ago
SUDPAU V. S.	1		
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

1.

2.

3. SE

5a. I

6. D 7. AC

OCCUPATION

FATHER

19, UNDERTAKER

(Addrass)

12. BIRTHPLACE (city or town (State or country)

14. BIRTHPLACE (city or town

(State or country)

		A CO JAMA
ST	ATE OF MARYLAND	-CERTIFICATE OF DEATH 12675
PLACE OF DEATH		<u> </u>
County Queen	allers	Registration Dist. No. 233
Village or City	wansville	
	m = m m m m m m m m m m m m m m m m m m	No
Length of rasidance In city (or town whera death occurredyrs	nosds. How long In U.S. if of foreign blrth?yrsmosds.
FULL NAME	merea	ulti
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color	OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (feat)
married, widowad, or divorce HUSBAND of (or) WIFE of	d /	22. I HEREBY CERTIFY, That I attended deceased from
ATE OF BIRTH (month, day, as	nd year) DEC 11th 34	
GE Years	Months Days If LESS than I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or partic kind of work dona, as SAWYER, BOOKKEEPE	SPINNER.	were as follows: Data of enset
9. Industry or business in w work was done, as SILI SAW MILL, BANK, etc	hich —	
IO. Date dacaased last worked this occupation (month yaar)	and spent in this	
	2 10	Other County to

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT _ (Addrass) 18. BURIAL, CREMATION, OR REMOVAL

Manner of Injury Nature of injury.

Whare did injury occur?____

Name of operation ...

24. Wes diseesa or injury in any wey related to occupation If so, specify

Whet tast confirmed diagnosis?_____ Was there an autopsy?__

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Accident, suicida, or homicide?

(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

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Z

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UAN 5 1955			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12676
1. PLACE OF DEATH	(23)
County Queen Anne	Registration Dist. No. 252
Village or City Mrs. Queen anne St	OL. NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital of institution, give is 144112 instead of siret and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME arthur Sidney ()	inder
(a) Residence: No. Soylo. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Widowed (write the word)	December (Day) (193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Florence Jester	1 HEREBY CERTIFY, That I attended deceased from Movember 22, 1934, to 7000-26, 1998
6. DATE OF BIRTH (month, day, and year) Warch 1818	I last saw h Scool alive on Nov. 26 , 19. 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Bronie Dronchila 2014s.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	anemia ?
Industry or business in which work was done, as SILK MILL,	Jayso ansion
SAW MILL, BANK, etc. Slung the South	Polantin 1
10. Date deceased last worked at this occupation (month and spent in this	Park on the things on the
yeer) occupation (month and occupation	Trob Whay Thenew / Thouse:
Contorillo	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
The state of the s	*
I 13. NAME James C. Jindey	
14. BIRT PLACE (city or town) Sinterpille	Name of operetion
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Innie Murphy 16. BIRTHPLACE (city or town) Controlly	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) - Contervelly	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT Sidney & Mindery	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Jeen Correl Mad.	
01:00 - 700	Manner of Injury
Place / ALLS SOUTH Date / JEG / 190 X	Nature of injury
19 UNDERTAKER Darton Drow 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Onterville Md.	If so, specify
n a the an in	1 / / / / / / / / / / / / / / / / / / /

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(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIDPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(59)
7)	County due line	Registration Dist. No. 2 5 /
item of should of OCC	Village or City Mean Church Hill	No. St Ward
÷ , ,		death occurred in a hospital or institution, give its NAME instead of street and number)
	W . D 10	ds. How long in U.S. if of foreign birth?yrsmosds.
Ev Ev	2. FULL NAME Maomy Towell	to a de sina
CORD. Ever. PHYSICIAN ct statement	(a) Residence: No. (Usual place of abode)	Itsucle Ward. Chruth Mell
CCO Et L	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tr. Exa	3. SEX 4. COLOR OR RACE 5. STATE MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1934
NG Fed T B	5a. if mandal, widowed,	(Month) (Day) (Year)
BINDIN FERMANI EXACI y classific	(or) WIFE of Lemuel Powell	22. I HEREBY CERTIFY That i attended deceased from
C c S	10. 10 1077	Liast sawh Lailye on Allelle T 1 19 34 death is said
B] PE	6. DATE OF BIRTH (month, day, and year) ALCE - 18,1811 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
FOR BIS A PE stated E properly certificate.	50 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Fi IS st. st. pr. pr. cer	8. Trade, profession, or particular	wera as follows: about the fall Thew Date of oneet
VED THIS HIS be ay be ck of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1933
RVI ould may back	kind of work dona as SPINNER, SAWYER, BDOKKEEPER, etc 9. industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Dete deceased last workad at 11 Total time (years)	1A-fre
(-) 32 E	SAW MILL, BANK, atc	<u></u>
RESH IG INI IGE SI that it that it	o this occupation (month and yeer) spant in this occupation occupation occupation	f f
4 4	12. BIRTHPLACE (city or town). Lucin and C.	Other Cadributory Causes of importance
A S. S.	(State or country)	- full distribution of the state of the stat
MARGIN UNFADI supplied. n terms, so ee instruct	13. NAME Jas Jenn Illoway	7.
2 5 3 4 6	13. NAME (as. Henry flloway) 14. BIRTHPLAGE (tity or town) klycelester Co.	Name of operation Date of
00	(State of Country)	What test confirmed diagnosis lellelle Was there an autopsyll
efully in pla	15. MAIDEN NAME Margaret and belakay	23. If daath was due to external ceuses (VIDL ENCE) fill in also the following:
	15. MAIDEN NAME Margaret and helakay 16. BIRTHPLACE (city or town) Canadral (State or country)	Accidant, suicida, or homicida? Date of injury
PLAINLY, hould be car OF DEATH	(State or country) Mushland	Whare did injury occur? (Specify city or town, county and State)
LAI Id DE y i	17. INFORMANT Mrs. Kargmond Jonneys	Specify Whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
should OF DI	(Addrass) 18. BURIAL, CREMATION, DR REMOVAL	11000
E. E. E.	Place Islam Lucen Good Co Date 12/24,1930	Nature of injury
WRITE mation s CAUSE TION is	10-00 & 40-10=	W Dell
- 1 = 9 =	19. UNDERTAKER (Addrass)	24. Wes disaasa or injury in any way related to occupation of decaasad?
X m (T)	9- 2 18 24 9 h de de	(Signed D + 612 201 Q - Decel D7M. D
y z	20. FILED N. Q.C. (20) 24 VY A. T. Registrar.	(Address) Clelled to the
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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51.9°C V 4	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

,	A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	678			
1	state UPA-	1. PLACE OF DEATH	(11-0)				
1. %	ould	County Jule Cluve	Registration Dist. No. 🗸 🕹	4			
		Village or City Queenstain No. St., Ward					
0.331.0		12	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?yrsmos				
	CIANS	Que Elmel Il Seva	and the same of th				
S	PHYSICIANS ict statement	2. FOLL NAME COMO STOCK	St. Ward.				
40	YS	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and Sta	ite			
0 9	PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	LY. PF	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED; OR DIVORCED gravite the word)	21. DATE OF DEATH 25 (Month) (Day)	93 (Year)			
ING	ANERA ACTI ssified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY That I attended dec				
BINDIN	cla Cla	6. DATE OF BIRTH (month, day, and year) Dec 13 -1919	1000 199, to acc	leath Is said			
~	IS A FE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 50 %m.				
O	stated properl	15 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related codes of Importance were as follows:	Date of onset			
F	-0	8. Trade, profession, or particular kind of work done, as SPINNER, Selack guril		12-25			
VED	riffis d be y be k of	SAWYER, BOOKKEEPER, etc.	Silaleral.				
RV	ould may back	Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.					
RESER	Sh sh n	11. Total time (years) this occupation (month and spent in this					
RE		year) occupation	Other Contributory Causea of importance:				
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) / Faltureare					
GII	ed.	(State or country)	Unplueuz a	1223			
INLY, WITH UNFADI be carefully supplied. EATH in plain terms, so important. See instruct	NF opli erm ins	13. NAME Thomas D. Sevacer 14. BIRTHPLACE (city or town). Caraliere Co	<u> </u>				
	14. BIRTHPLACE (city or town). Chralice Co	Name of operation	4				
	Sign in	(State of country)	What test confirmed diagnosis? Was there an auto	psy?			
	15. MAIDEN NAME Serves & Rutter 16. BIRTHPLACE (city or town) - Queen and Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:					
	CA,	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19			
	PLAINLY ould be co or DEATH rery impon	The A Sugarial	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	F			
	PLA nould JF D very	17. INFORMANT Que Que (Address) Que un la marche m. d.	open, whence many occurred in supporter, in nome, or in obein reach	••			
1 1	40	18. BURIAL, CREMATION OR REMOVAL	Manner of injury				
0	三 一回 一	Placo Currentle Dete Dete 18, 1924	Nature of injury				
	Mation CAUSE TION i	19. UNDERTAKER / Sarton & ra	24. Was disease or injury in any way related to occupation of deceased?	20			
o	1	(Address) Cutreview ml	If se, specify				
860	m z	20, FILED Drc. 2719 34 Welen M. Cledrid	(Signed) January January	M. D			
>	2	Focal: Registrar.	(Address) Juliuplawie				
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. Sl. No. 1.				

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